Southern Kings Health

"Healthy Beginnings Healthy Futures"

6th Annual Report 1999-2000

Prince Edward Island Health and Community Services System

Strengthening Families, Individuals and Communities

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Mission and Values of Southern Kings Health

Mission

The mission of Southern Kings Health is to:

Support our Island community's efforts to promote, protect, and enhance the physical, social, emotional, intellectual and spiritual well-being of our population, within the resources available in the community with focussed attention to the health needs of the people of Southern Kings.

Values

The following set of principles or value statements will guide the system in achieving its purpose. These values become the rationale for selecting one form of action over another.

Health

We believe:

- that health involves many aspects of our lives and is a resource for everyday living;
- that health promotion will improve health status; and
- that health status can be improved by impacting on those things which determine our health, such as how we live, our environment, the food we eat and our ability to cope with stress.

Individual Families

We believe:

- that individuals are unique and have both the right and the responsibility to participate in decisions regarding their own health;
- that individuals and families have the potential and capacity for growth, independence and interdependence; and
- that individuals are primarily responsible for their health.

Communities

We believe:

- that communities have the capacity and commitment to support the health of their members;
- that community participation is vital to increasing the health status of Islanders; and
- that partnerships for service delivery must be established between communities and service providers.

Chairman's Report

I am pleased to present the 1999–2000 Annual Report for the Southern Kings Health Region. This report represents a public account of the activity and financial accountability of the region to the taxpayers of Prince Edward Island.

The Southern Kings Health Board is accountable to the Minister of Health and Social Services as defined by the *Health and Community Services Act*. Under the guidance and leadership of this board, the region is responsible for ensuring access and delivery of quality health services to the people of Southern Kings.

Through an election and appointment process during the past year, our regional board has been restored to its full complement of seven members. Time has been taken over past months to ensure that new board members are properly orientated to their responsibilities and to services offered by the region.

The board recognizes that ensuring quality health service for the people of Southern Kings is not without challenges. Limited availability of some key health professionals in Canada has required the Region to be very active in its recruitment efforts. We have been fortunate to recruit nurses to existing and new positions through the Health Stabilization Fund. We are also working hard to attract a seventh physician, a pharmacist, and nursing staff for casual and part-time positions to ensure that we are able to offer optimum levels of service.

Southern Kings has the distinction of having the highest percentage of seniors of any health region on Prince Edward Island. It is estimated that the number of seniors in Southern Kings will increase from the present 13.9 percent to 15.6 percent by the year 2010. Compounding this increase is the fact that demographic studies indicate that Canadians are expected to live longer. Such trends will have a significant impact on the levels of service the region will be able to offer.

Other factors impacting the types and levels of future health services include various advancements in health technologies. While such advancements can enhance the quality of life for many individuals and are a cause for celebration, their implementation is not always without some difficulty.

Our major health facilities, including Riverview Manor, built in the 1960s and Kings County Memorial Hospital, built in the 1970s were constructed in an era when the dramatic shifts in health promotion, illness prevention and ensuing new technologies could not have been foreseen. These older structures, and in particular Riverview Manor, are not always easily adapted to accommodate new equipment and other technological advances. In addition, clients suffering from the effects of Alzheimer disease or dementia seriously challenge the ability of these older structures to adapt to associated care requirements. The need to assess the impact of greater demands, new service requirements, technological advancements, as well as the ability of our older structures to adapt, **must be given diligent attention**.

Our seniors also require information on health promotion and disease prevention in order to remain healthy and active. As their lives change they may also require more support services including home care, long-term care, primary care, and acute care. Long-term planning, in consultation with the community and various levels of government, is essential to meeting the anticipated increased demand on services offered. It is the board's responsibility to ensure that the range and level of services provided will meet the changing needs of our senior population.

On behalf of the Board of the Southern Kings Health Region, I would like to take this opportunity to congratulate staff, physicians and volunteers for their commitment to quality health care for the people of Southern Kings.

Together, we look forward to embracing the challenges of the future on our health system. With the ongoing support of our community, we will continue to dedicate ourselves to improving the health and well-being of the people of Southern Kings.

Respectfully submitted,

Michael Gallant
Chairman

Chief Executive Officer's Report

The theme of our annual report is **Healthy Beginnings, Healthy Futures**. This theme oversimplifies the complexity of achieving the long-term goal of healthy futures for children. Some of today's families face the serious challenges of poverty, illness, unemployment and addictions. Other families face the challenge of two working parents struggling to meet the competing demands of work and childcare. If we want children to have healthy beginnings, we need to **support families**. We must ensure that parents are provided with the supports, skills and knowledge they need to make healthy choices for their families.

The Southern Kings Health Region will continue to build on past achievements to ensure children **do** enjoy healthy futures. These achievements include the Preschool Assessment Team, hiring additional supports for children, and building on strengths of our community partnerships with Carousel, Literacy Alliance, and the Early Childhood Development Association.

During the last fiscal year the region has been involved in planning significant changes to provincial programs including the Provincial Pharmacy, the Diabetes Education Center, and the Addictions Program. All three programs have meant shifts in program delivery with a view to improving services for clients. For the Southern Kings Health Region, program changes have meant an **increase** in services and service access.

Within the Addictions Program we will now be able to provide outpatient detoxification in the region. Addiction programming will also include youth addiction counseling, family counseling, gambling addiction programming and smoking cessation.

The Provincial Pharmacy Program changes allow most clients of the provincial pharmacy to acquire their medications in their own communities from their local pharmacies, rather than the Provincial Pharmacy.

The Provincial Diabetes Education Center has altered its service delivery to improve service for clients across the province, particularly those who live in rural communities. The Diabetes Education Center, in partnership with regional staff, is offering clients greater access to health education and follow-up care in local communities.

This past year was a significant and exciting year for the Southern Kings Health Region. Our regional board spent considerable time establishing "Ends Policies" for the region. These are the long range health expectations that the board would like to achieve for the people of Southern Kings. It was incumbent upon the senior management team and staff of the region to develop our strategic direction for the next three to five years, based on these policies defined by the board.

Staff and community representatives worked with the senior management team in the development of that Strategic Plan which reflects the following five goals:

1. To contribute to a healthy community;
2. To increase healthy outcomes for children and youth;
3. To increase our organization's ability to respond to an aging population;
4. To provide support for staff; and
5. To improve integration and coordination along the continuum of service.

The board provided approval for the strategic plan during their April/2000 meeting. The board will receive regular reports on the region's progress toward the achievement of the Strategic Plan.

Other key initiatives for the 1999-2000 year included:

1. The Rural Palliative Home Care Project;
2. The Dialysis Unit at the KCMH;
3. Advances in computer technology; and
4. Further reductions in the financial assistance caseload.

I am extremely grateful for the leadership and support I receive from our regional board. I also want to thank all the staff, physicians and volunteers of the Southern Kings Health Region for their commitment and dedication to providing quality health care for the residents of the Southern Kings.

Respectfully submitted,

Betty A Fraser

Betty Fraser
Chief Executive Officer
Southern Kings Health

Medical Director's Report

Over the past year I have had the privilege and challenge of serving as Medical Director for Southern Kings Health and it was again a busy year for the region. It was a particularly stressful and challenging year for physicians due to a physician shortage. The year began with two vacancies in the region. One vacancy resulted from Dr. Matheson's departure and the second vacancy was a new position for a physician in the Southern Kings Region.

Fortunately, Dr. Paul Doucette provided service to the area as a long-term locum until May 1999 when he relocated to Charlottetown. Dr. Joanne McGinn and Dr. Josh Foley provided locum coverage for the summer which allowed for summer vacations without any interruption in medical services. The physician shortage was made more critical when a personal injury to one of the physicians forced this physician to withdraw from the on-call schedule for an extended period of time.

However, despite the shortage, physicians provided continuous service 24 hours per day, seven days per week without any gaps and I feel they should be commended for their dedication and service.

We were able to recruit Dr. Terry Magennis in September 1999. Dr. Magennis' service could not have come at a better time, allowing physicians to carry on with their work with six full-time physicians. I would like to welcome Dr. Magennis to the Southern Kings Region and express our appreciation for his service to the community.

The region continued to work on recruitment of a seventh physician. This position however was still vacant at the end of the year. Physician recruitment in rural areas is a difficult issue and Southern Kings is obviously not an exception to the rule. However it must be noted that our region does have much to offer physicians and I feel the vacant position will be filled shortly.

In 1999 two Family Medicine residents, Dr. Ron Whalen and Dr. Helen Cuddihey, completed some of their training in the Southern Kings area. Both found their experience in Southern Kings enjoyable and educational. I feel that participation in the Family Medicine Program at Dalhousie University is important for our region. That participation is important to keeping us up-to-date in medicine, and is very important to our recruitment efforts.

I hope we can continue to provide this training in our region.

In 1999 we were also able to recruit a house physician for Riverview Manor. More physician involvement in the care of patients at the Manor was recommended by the Accreditation Committee in 1998. It is hoped that Dr. Colborne's involvement will support this recommendation and I wish him success in his new position.

Dr. David Hambly has now taken over as Medical Director for Southern Kings Health and I wish him all the best in his new position.

I know Dr. Hambly's many years of experience in this region will be a great asset to him as Medical Director.

Respectfully submitted,

Charles Duffy, MDCCFP
Medical Director
Southern Kings Health

Year in Review 1999–2000

Southern Kings Health is responsible for providing the appropriate health services to meet the needs of local residents. During the past fiscal year the region has been involved in the development of new and improved mechanisms for the delivery of services to our community. These initiatives included:

Rural Palliative Home Care Project

Southern Kings Health is one of three participants in the interprovincial Rural Palliative Home Care Project. The project is funded by the Federal Health Transition Fund and is intended to evaluate the integrated palliative care program model in three rural regions: Southern Kings Health and East Prince Health regions in Prince Edward Island, and the Northern Regional Health Board in Nova Scotia.

The project involves extensive education for a regional resource team as well as palliative training for staff, clergy, and volunteers. It also involves piloting a program model that strives to provide comprehensive coordinated care for palliative care clients and their families. Detailed information on the pilot project is included in the Home Care Division Report.

Preschool Assessment Program

Children in the Southern Kings Health Region, six years of age and under, who are experiencing mild to severe developmental difficulties may not necessarily be referred to Halifax for assessment and follow-up.

Southern Kings Health Region's Preschool Assessment Team provides this service for children in their own community. This special team delivers comprehensive assessments including a follow-up plan which reflects family-centered solutions. The team involves the child's parents, a speech-language pathologist, a psychologist, an occupational therapist and other health professionals as required.

The Preschool Assessment Team is located at the Southern Kings Community Health Centre. Its first goal is to deliver an improved, family-based health service that encourages early intervention of problems and difficulties in the six years of age and under population.

The team's second goal is to work toward improved communication among professionals and families, and to decrease duplication of services.

To date, all feedback from parents has been extremely positive with respect to their opportunity for involvement with the team.

Comprehensive School Health

The Comprehensive School Health (CSH) Program enjoyed another successful year in the Southern Kings Health Region. CSH is an approach to health promotion, illness prevention and intervention that features programs, activities, policies and services which take place in schools and communities.

Human Resources Development Canada, in partnership with the Southern Kings Health Region, the Departments of Health and Social Services and Education and the Eastern School Board, provided funding for an overall Project Coordinator as well as seven Comprehensive School Health Coordinators to continue the implementation of the CSH Model.

These coordinators were also involved in ongoing personal career development through the Human Resource Centre in Montague under the Youth Employment Options Program.

Health activities supported by CSH Coordinators included programs in peer mediation, nutrition, Internet safety, early childhood connections, addictions support, career options, fair play, racism, and adventure and environment groups. The adventure and environment groups seek to recognize talents of children who do not always have the opportunity to participate in more traditional activities, like organized sports.

Computer Technology Advancements

Among computer technology advancements in Southern Kings Health during the past year has been the implementation of:

- PeopleSoft – human resources management software;
- Dictaphone – transcription automation software; and
- Cactus – medical records abstracting software.

Each computer application requires extensive staff involvement and training.

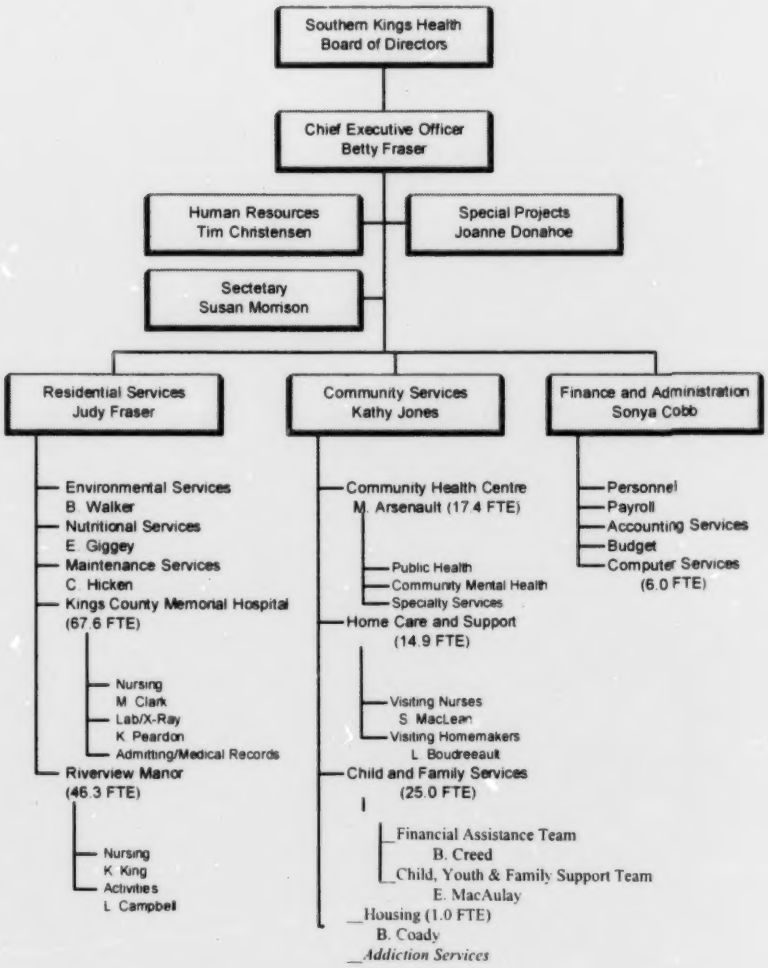
Quality Council

Southern Kings Health established Quality Council, a committee that is responsible for organizational quality. This committee selects activities requiring improvement, analyses those improvements, and communicates the nature of these

improvements to the community, as well as to other parts of the organization.

Some of the quality improvement initiatives that occurred within the region over the past year included evaluation of the Job Creation Program, development of a three to five year Strategic Plan, recruitment of an in-house physician for Riverview Manor, and evaluation of the School Social Worker Program located at Montague Consolidated School.

Organizational Chart



FTE = Full-time equivalent

Residential Services	113.9 FTE
Community Services	58.3 FTE
Finance and Administration	6.0 FTE
CEO and Support Staff	3.6 FTE
Total	**181.8 FTE**

Long Term Service Awards

30+ Years of Service

Fraser, Judy	Regional Management
Gormley, Virginia	Nursing - Riverview Manor
MacLean, Shirley	Dietary - KCMH
Poulton, Darrell	Maintenance Department

25+ Years of Service

Buchanan, Beverly	Nursing - Riverview Manor
Garrett, Ron	Child and Family Services
Gordon, Sandra	Nursing - KCMH
Inman, Bethany	Nursing - KCMH
Irving, Donna	Child and Family Services
Leeco, Brenda	Home Care and Support
MacDonald, Elaine	Child and Family Services
MacLean, Jocelyn	Child and Family Services
McHerron, Elaine	Nursing - KCMH
Magennis, Marie	Child and Family Services
Matheson, John	Maintenance Department
Miodowski, Ferne	Lab/X-Ray - KCMH
Oulton, Lynda	Nutrition - Community Health Centre
Ross, Carol	Nursing - KCMH
Sullivan, Patricia	Dietary - KCMH
Vuozzo, Carl	Nursing - KCMH

20+ Years of Service

Browne, Cynthia	Medical Records - KCMH
Buell, Edera	Nursing - Riverview Manor
Butler, Judy	Finance and Administration
Coady, Brian	Housing
Dingwell, Diane	Lab/X-Ray - KCMH
Dockendorff, Marjorie	Admitting - KCMH
Elsinga, Dimphy	CHC - Speech
Fraser, Betty	Regional Management
Garnhum, Jeannie	Housekeeping - KCMH
MacLean, Joyce	Child and Family Services
MacLean, Sandra	Home Care and Support
McHerron, Tracy	Dietary - Riverview Manor
McLean, Isabel	Administration - KCMH
Patterson, Judee	Admitting - KCMH
Peardon, Karen	Lab/X-Ray - KCMH
Penny, Carole	Nursing - Riverview Manor
Robertson, Marjorie	CHC - Social Work
Sutherland, Karen	Dietary - KCMH
Walker, Bernadette	Housekeeping - KCMH & Riverview Manor
Yeo, Ruth	CHC - Public Health

Community Profile: Shannese MacKinnon

Like any kid, she loves pizza, television and playing with friends. But the flame becomes a fire when this eight-year-old strikes upon a favorite subject. "I'd rather read than anything else," she says. "Do you want to see my books?"

Before one can answer, she waves off assistance, scoots across the living room floor, and sweeps up an armload with fierce determination. "I really like the Hardy Boys,'' she says balancing precariously while displaying her favorite mystery titles. "They go out and find stuff."

Meet Shannese MacKinnon, amateur sleuth, nature lover, card maker, water slider, bug collector, spelling queen, and the best floor walker navigator at Montague Consolidated School.

Of course, being top gun with a floor walker comes at a price. Over the years, Shanesse and her cerebral palsy have notched up a few bruises along the way. "I can get through the halls by myself, but sometimes when I run in gym I fall and bang my head,'' she says with a smile while rubbing the tender spot.

She could just sit out and watch. But Shanesse MacKinnon has no intention of waiting things out on the sidelines. "Determined is her middle name,'' says her father Steve while seven-year-old brother Jeromie scurries around looking for a toy. "She'd rather do everything herself."

"Challenged kids have to try harder,'' says mother Tammy about her eldest child who was born premature and weighed less than three pounds at birth. "And there's nothing she likes more."

Every day Shannese pushes her way up the school ramp to find a classroom she shares with her friends, her favorite teacher, and Myrtle the Turtle. A good day at school means studying math and spelling, taking gym and music, and wearing one of her pretty dresses.

The theme of this years annual report for Southern Kings Health Region is "Healthy Beginnings, Health Futures", and Shanesse knows all about health. "Being healthy is when your stomach gets all the things it needs like orange juice, blueberry pastries and apples,'' she says before coming to grips with a confession. "But sometimes I eat junk food... and I get a bellyache."

Her room is decorated with a Cinderella poster, she makes her own cheese and orange pizza, and she loves to go to the pool and take the flume ride at Rainbow Valley.

"I'll decide when I get older what I'd like to do,'' she says. "But right now I'm just a normal person."

Residential Services

Kings County Memorial Hospital

Kings County Memorial Hospital (KCMH) is a 30-bed acute care facility that continues to serve the health needs of residents of the Southern Kings Health Region.

The many services that are available at KCMH include general medicine, pediatrics, 24-hour emergency, lab and x-ray services, nutrition counseling, physiotherapy, and pharmacy. We also have access to services offered through the Community Health Centre. Visiting medical specialists provide services on an in-patient and out-patient basis. These specialists include a pediatrician, plastic surgeon, general surgeon, orthopaedic surgeon and an internal medicine/cardiologist. We realize our good fortune in having these services provided locally.

Nursing Department

At KCMH we are facing the same challenges with nurse shortages as other parts of the country. However, through the provincially established Health Stabilization Fund, we were able to create two new full-time RN positions and one new full-time LNA position.

One of the new positions created is the Utilization/Mental Health Nurse. This position will better address any utilization issues at KCMH. We are continuously working toward the goal of appropriate hospital admissions and providing quality care to all patients. The Utilization/Mental Health Nurse position will allow us to provide more responsive services for patients admitted for mental health reasons, as this nurse's efforts are combined with those of the Community Mental Health Team.

Equipment Purchases

It is through the generosity of individuals, organizations and businesses of our community that we are able to purchase equipment needed at KCMH for general operation, diagnostic and treatment purposes. The Senior and Junior Ladies Auxiliaries donated many dollars to allow us to purchase equipment.

The efforts both of these groups put into fundraising is evident in their positive results.

The KCMH Foundation Board has the responsibility of managing financial donations to the Hospital. Through the efforts of all these volunteers, we are able to keep our community hospital equipped with up-to-date technology.

Our new Dictaphone Dictation System was purchased by the foundation last year. This system allows physicians to dictate medical information on in-patients from any telephone through the use of special access codes. It also allows medical records and x-ray staff easier access to this information for transcription.

Other purchases made by the foundation include ambulance entrance doors, an insulated food service system, milk dispenser, refrigeration shelving for the dietary department, infusion pump, oxygen concentrator, pediatric scales for the nursing department, centrifuge, laboratory refrigerator, chemistry analyser, venipuncture chair for the lab/x-ray department, ultrasound machine,painpump,and mattresses.

Fiscal Year:	1996/97	1997/98	1998/99	1999/00
No. of Beds	30	30	30	30
Admissions	1201	1154	1246	1110
Patient Days	11321	10973	9432	10265
% Occupancy	100.9%	100.3%	83.7%	95.6%
Avg. Length of Stay (days)	9.4	9.5	7.6	9.2
Emergency Room Visits	13099	13692	14334	14736

Riverview Manor

Riverview Manor, a 50-bed nursing care facility in the Southern Kings Health Region, provides care to residents who require high levels of nursing to meet their needs. One section of the manor, the Safety Unit, provides a safe secure environment for 15 residents who suffer from either dementia or confusion.

The Manor has one respite bed available to provide short-term nursing care. This bed can afford family caregivers an opportunity for brief rejuvenation periods that can support the demanding task of providing care for their loved ones.

Staffing

Our priority within the past year has been to continue to reassess and evaluate staffing patterns in order to meet the changing needs of residents, and ensure manageable working conditions.

As a result of increasing demands on nursing care, we have created new positions in our nursing department with the support of the Health Stabilization Fund. They include one full-time RN for the day shift on weekdays, and two part-time LNA positions to allow us to increase our night staff by one person.

House Physician

This past year we secured the services of a House Physician. Dr. Robert Colborne is available for any resident who does not currently have a physician, and is also accessible for when a resident's own personal physician is not available. As the House Physician, Dr. Colborne also provides advice and support on medical issues which occur at the manor.

Activities and Special Events

One main objective at Riverview Manor is to create a warm home-like atmosphere that provides residents with stimulation and entertainment.

Much work and dedication is offered by the staff of all of the departments, with the Activities Department arranging activities.

Events that take place include van drives, daily newspaper readings, weekly singsongs, monthly birthday parties, bingo, card games, church services on Sunday afternoons and Mass every Friday morning.

Residents assist with vegetable preparation, gardening, and attend parties which are held for all occasions including Christmas,

Halloween, Easter and Valentines Day. Room-visits are held for residents who do not go to the Family Room for larger gatherings, and many programs are held in the Safety Unit.

Our annual memorial service allows families, residents and staff to remember and honour those residents who have passed away during the year. Many of these events could not happen without the assistance and cooperation of our regular and faithful volunteers.

Annual Take-Out Supper

Last year the first annual take-out supper was held at the manor. This project was carried out by staff, volunteers, and some family members of residents. More than 500 meals were produced raising approximately $4,000.00. Much fun was had by all, and the money raised was used to purchase an oxygen concentrator, conveyor toaster, hair dryer, and construction of a gazebo on the deck.

Our volunteers are a vital part of our organization and continually brighten the lives of residents and staff.

Community Services Division

The Community Services Division of Southern Kings Health is comprised of Home Care and Support, Housing, the Community Health Centre and Child and Family Services. All of these community-based core services are housed within this division. Emphasis is now being placed on service coordination, integration and community partnerships.

Over the past year, staff of Community Services have increased their capacity to work together. No longer are we prepared to sit in individual program areas but rather we believe that by working together we provide a better service to you, our community.

As part of working together across program areas we are taking more of a population health approach. One of these population health approach areas is children services, particularly for children ages six years and under.

Through reallocation of existing dollars and with the support of the Health Stabilization Fund, three new positions have been developed to support young children and their families toward the healthiest possible outcomes. These positions include a 0–6 Public Health Nurse, a Preschool Support Coordinator and a Parent Support Worker. Staff is working closely with community partners like Carousel and the Early Childhood Development Association to support our children. Research into healthy child development clearly indicates that investment in our population at an early age results in prevention of problems and difficulties.

In a similar way, working together within community programs and with partners, we have increased our capacity to offer services to seniors experiencing mental health issues and to caregivers, including those in the area of palliative care. Similar work is beginning in the area of diabetes.

Also, this year we welcomed Addiction Services to our division. For the first time, residents of Southern Kings will be able to access community-based addiction services which will continue to be developed over the next year.

The following summarizes our work in 1999-2000.

Community Health Centre

With the help of the community, Southern Kings Health Centre has had a name change designed to be more reflective of the centre's role.

The Community Health Centre (CHC) consists of a team of health professionals supported by trained volunteers working together to provide improved services for residents of the Southern Kings Health Region.

Services include: Public Health, Mental Health, Speech Language Pathology, Nutrition and Dietician Services, Occupational Therapy, Physiotherapy, Youth Addictions and the services of a Preschool Support Coordinator.

Volunteer organizations that are part of the Community Health Centre include: Association for Community Living, Canadian Cancer Society, Home Equipment Loans Program, Laubauch Literacy Council, and the Southern Kings Hospice Association.

Over the past year the staff at the Southern Kings Community Health Centre has been working with recommendations resulting from the Community Health Centre Evaluation that was completed in February of 1999.

Specific recommendations guiding our work:

- To expand our community development, health promotion and illness prevention activities;
- To increase support available for professional development;
- To establish a formal case management process;
- To continue providing assistance and support toward nurturing the involvement of volunteers in promotion of community development;
- To continue to increase public awareness of the CHC;
- To establish an ongoing program effectiveness and client satisfaction evaluation; and
- To clarify and confirm policies on issues of confidentiality and information sharing.

Many special projects have been worked on during the past year including: Seniors Mental Health, our Preschool Assessment Team, and Diabetes Education.

We are looking forward to working with our volunteer organizations and members of the community to continue meeting the needs of the residents of Southern Kings.

Child Youth and Family Team

The past year has been one of change and challenges. There has been a significant increase in the number of children coming into the province's care. This has tested our existing resources for foster-care and identified needs for the future with regard to building resources in the health region. Several new foster homes are at various stages of assessment.

Increase in child protection services generally creates increases in case management functions of social workers, and increased involvement of both youth workers and home-helpers.

We have continued to partner with our schools and community organizations in the areas of child development and child health promotion.

Our family support worker has worked closely with the Preschool Assessment Team, and in particular the Preschool Support Coordinator. Through such interventions, children with special challenges have been identified earlier and supports have been made available to them and their families. In addition, the Preschool Support Coordinator is present at our office one day each week and this enhances communication and service coordination. Over the next year we look forward to working more with the Preschool Coordinator in situations where children may be at risk.

Our community youth workers have provided two of the Montague family of schools with an Anger and Behavior Management Program designed to help students deal more effectively with their peers and people in positions of authority. The social worker located at Montague Consolidated School also co-facilitated a parent's group with the school guidance counselor.

These are important partnerships that support early intervention and help to strengthen individuals, families, and communities of the Southern Kings Health Region.

Financial Assistance Team

The fiscal year 1999/2000 saw our Financial Assistance Program achieve a record low in the number of people requiring assistance. For the second year in a row, we can report that the average number of ongoing Financial Assistance cases has dramatically dropped.

As we continue with our client responsive focus, we have again witnessed an increased demand for our Day Care Subsidy Program.

We feel that this demand is in response to the strong economic prosperity of the province and of our region. The lack of affordable childcare is one of the most often cited reasons why a single parent or a second parent cannot take a job.

In addition to having an accessible program, the experience that the children receive at the Day Care Centre is one of great value to their overall development.

It is the belief of the Financial Assistance Team that we can play an important role in the health of our community, whether it be financial assistance, employment enhancement, job creation and/or day care.

Our staff strives to assist clients in meeting their own health needs. In this respect, we recognize that

people need the chance to succeed on their own if any long term benefit is to occur. We feel that the statistical information below illustrates what we are saying. We are seeing more clients make the leap from financial assistance to a more independent life overall.

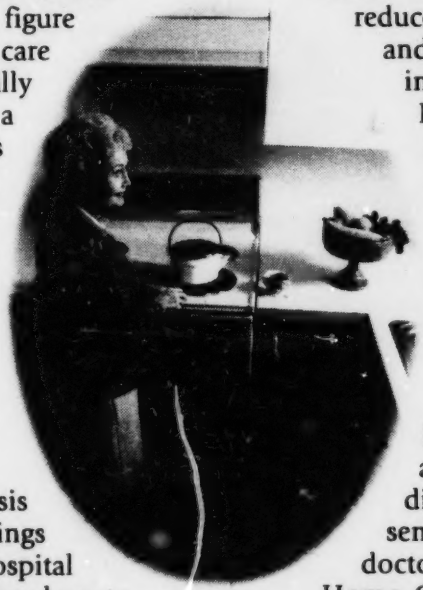
Financial Assistance	**1997/1998**	**1998/1999**	**1999/2000**
Avg. Monthly Caseload	515	478	407
Monthly Expenditure	$225,683	$203,579	$170,123
Avg. Monthly Cost/Case	$438	$426	$418
Total Expenditure	$2,708,200	$2,442,954	$2,041,482
Job Creation Program	**1997/1998**	**1998/1999**	**1999/2000**
Number of Placements	133	167	135
Total Expenditure	$158,250	$225,675	$201,073
Day Care Program	**1997/1998**	**1998/1999**	**1999/2000**
Total Expenditure	$168,723	$239,860	$321,611

Home Care and Support

The Home Care Support Program is presently involved in three projects that are aimed at improving the care and quality of life for individuals in the Southern Kings Region. These projects are the Provincial Diabetes Management Program, the Rural Palliative Care Project, and the Seniors Mental Health Project.

Diabetes Education Program

Approximately 25 percent of the home care caseload is affected by diabetes and that figure is increasing. Home care is involved provincially and regionally with a new strategy that is aimed at combating diabetes through public education, proper treatment, community support and evaluation.



Regional Dialysis Unit

The Regional Dialysis Unit located at Kings County Memorial Hospital has been operating for almost one year. We presently have two clients coming to the unit for dialysis. We would like to express our sincere appreciation to the Lion's and Lioness's Clubs, the P.E.I. LNA Association, the LNA's of Kings County
Kings Group Home, and the Kidney Foundation
to the Dialysis Unit.

Integrated Mental Health Response for Seniors Project

This two-year project is a service system providing early assessment, diagnosis, and intervention for seniors experiencing dementia, depression, medication, and alcohol-related problems.

Seniors are the fastest growing segment of our population. With aging comes the risk of developing physical, emotional and cognitive health problems. Early diagnosis of health issues can significantly reduce the strain on families and/or caregivers, and can initiate early wellness. Home Care is already providing a variety of services to seniors, and implementation of this project, will support Home Care with efficient access to our mental health services.

Individual care plans are developed with direct input from the senior, any caregivers, the doctor, and staff of both Home Care and Community Mental Health. Southern Kings Regional staff worked on the Provincial Steering Committee of the project and with the Home Care Working Group. A Regional Mental Health nurse and a Home Care nurse are being trained in managing the specifics of a senior's care plan, working collaboratively to ensure timely and efficient support.

Rural Palliative Home Care Project

Southern Kings Health is one of three demonstration sites participating in the interprovincial Rural Palliative Home Care Project. The project is funded by the Federal Health Transition Fund and is intended to evaluate an integrated palliative care program model in three rural regions.

The Southern Kings Health Region is currently piloting a program model designed to build on and strengthen existing resources through collaboration, integration, and effective coordination.

The Southern Kings Palliative Care Program continues to strive to provide comprehensive and coordinated care to individuals dying from a progressive life-threatening illness and their families. Palliative care is client-centred and family-centred, with a focus on physical, psychological, social, and spiritual needs. The program facilitates timely delivery of services in the client's setting of choice, by appropriate team members.

Features include equitable and easy access, a centralized intake system for the collection of baseline information, a common and shared assessment tool, increased attention to coordination, a palliative care resource team, and the effective utilization of community resources.

Critical to the implementation of this program was educating those involved. Approximately 50 staff, clergy, and volunteers participated in a three-day, front-line palliative care workshop. Also, the resource team made up of a physician and two nurses completed in-depth curriculum studies with both theory and practicum components.

This palliative care model involves an evaluation component which will collect client/family information and will record related service costs. In addition, a sample of clients and families is providing detailed information about quality of life issues, client and caregiver satisfaction, and caregiver needs.

The Southern Kings Health Region will be participating in the Rural Palliative Home Care Project until January 2001.

Caseload	1997/1998	1998/1999	1999/2000
Nursing Caseload	210-238	210-225	220
Home Support Caseload	160	120	120
Placements	**1997/1998**	**1998/1999**	**1999/2000**
Riverview Manor	12	25	21
Dr. John Gillis Memorial Lodge	16	16	7
Other	2	3	8
Total	**30**	**44**	**36**

Housing Services

Helping Hands for Seniors

In conjunction with the provincial Jobs for Youth strategy, Helping Hands for Seniors is a project to

help senior homeowners undertake work around the house with the aid of students.

Students help with yard cleanup, minor repairs, and minor painting jobs. The homeowner provides supervision and supplies tools and materials. Labour is provided free of charge to the homeowner.

During the year 26 applications were received with 23 receiving assistance and three resulting in cancellations.

Emergency Home Repair Program

As the name states, this program is for emergencies. Only repairs that are immediately necessary and required to ensure the physical safety and health of the occupants will be considered for approval. Examples of eligible repairs include leaking roofs, collapsing foundations, unsafe wiring, plugged septic systems, contaminated wells, inoperable furnaces, or other items that present definite health and safety hazards.

To qualify for the Emergency Home Repair Program, an applicant must meet at least one of three criteria:

1. The applicant must be at least 60 years of age;
2. The applicant's household must include a person with disabilities; and

3. Applicants below 60 years of age must be eligible for financial assistance and also be authorized by the relevant Regional Health Authority to apply for this Program.

Applicants must also meet income eligibility guidelines, own or have a long term lease on the dwelling and occupy it as a principal residence.

Grants of up to $1000 are available. The grants will cover up to 50 percent of emergency repair costs and are based on income.

During the year, 29 applications were received of which 16 were approved for assistance and 10 resulted in cancellations. Three of the applications were still pending at the end of the fiscal year.

Senior Citizens Housing

Many seniors find that as the years pass, housing situations change. Income is often lower than in earlier years and housing becomes more difficult to afford. They may also find it is increasingly difficult to maintain their own home.

In this region we have 137 units, of which two are garden suites. We also have two, two-bedroom units, and eight bachelor units with the remaining units as one-bedroom apartments. Most of the units fall into the category of one-bedroom apartments and have a livingroom, kitchen, bathroom and storage area. Some of these units are designed for physically challenged tenants.

We had 26 new applications and filled 25 vacancies during the year.

Garden Suites

As reported, we have two Garden Suites, one in Kilmuir and one in Murray Harbour North. Garden Suites are one-bedroom units located on the property of a host family, usually a relative. The rent is based on income.

Family Housing

In our region we have two family housing boards, one in Montague and one in Georgetown. The board in Montague has 62 units for which it is responsible while the Georgetown board has 27 units for which it is responsible. The Family Housing Program processed 57 initial interviews between April 1, 1999, and March 31, 2000.

Community Care Facilities

All Community Care facilities are required to have their licenses renewed on an annual basis. As part of the process, our division is responsible to carry out an annual inspection of each facility. There are currently four facilities in the Southern Kings Region.

Social Housing/Rural Housing and Rural Community Housing

We have four rental units in our area that require administration, renting and maintenance.

Appendix

Financial Statements

Grant Thornton LLP
Chartered Accountants
Canadian Member Firm of
Grant Thornton International

Grant Thornton

Southern King's Health Authority
Financial Statements
March 31, 2000

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Grant Thornton LLP
Chartered Accountants
Canadian Member Firm of
Grant Thornton International

Grant Thornton

Auditors' Report

To the Board of Directors of
Southern King's Health Authority

We have audited the balance sheet of Southern King's Health Authority as at March 31, 2000 and the statements of revenue and expenses and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with generally accepted accounting principles.

Grant Thornton LLP

Charlottetown
Prince Edward Island
June 14, 2000

Chartered Accountants

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Southern King's Health Authority
Statement of Revenue and Expenses

Year Ended March 31

	2000	1999
Revenue		
Grants		
Department of Health and Social Services	$ 14,079,625	$ 13,292,889
Special projects (Note 6)	226,171	77,188
Donations – K.C.M.H. Foundation Inc.	87,871	106,759
Proceeds on sale of property	8,250	160
Kings County Memorial Hospital (Note 7)	294,529	217,623
Other income	12,818	3,211
	14,709,264	13,697,830
Expenses		
Community Services		
Child and Family Services	4,240,168	4,370,334
Community Health Center	721,158	685,263
Home Care and Support	852,679	781,331
Job Creation/Employment Enhancement	228,691	259,562
Seniors Housing	486,769	430,127
Grants – non-governmental organizations	889,665	701,135
Residential Services		
Riverview Manor	2,252,153	2,131,409
Kings County Memorial Hospital	4,135,706	3,642,558
Regional Services	636,555	586,315
Special projects (Note 6)	226,171	77,188
	14,669,715	13,665,222
Excess operating revenue	39,549	32,608
Non-operating expenses		
Increase in accrued vacation pay	39,549	32,608
Excess revenue	$ -	$ -

See accompanying notes to the financial statements.

Southern King's Health Authority
Balance Sheet

March 31	2000	1999
Assets		
Current		
Cash (Note 3)	$ 989,595	$ 1,000,020
Receivables (Note 4)	1,075,215	1,121,546
Prepaids	54,480	43,851
	$ 2,119,290	$ 2,165,417
Liabilities		
Current		
Payables and accruals (Note 5)	$ 1,189,729	$ 1,316,318
Accrued vacation pay and retirement allowance	840,801	652,657
Severance pay allowances payable	-	1,311
Deferred revenue (Note 6)	57,496	163,867
	2,088,026	2,134,153
Severance pay allowances deferred funding	31,264	31,264
	$ 2,119,290	$ 2,165,417

Uncertainty (Note 10)

On behalf of the Board

Director Director

See accompanying notes to the financial statements.

Southern King's Health Authority
Statement of Cash Flows

Year Ended March 31	2000	1999
Increase (decrease) in cash and cash equivalents		
Operating		
Cash received from		
Provincial government for operations	$ 14,234,853	$ 13,057,414
Special projects grants	119,800	188,784
Operations	185,312	132,322
Donations	109,259	172,175
Cash paid for		
Wage assistance grants	(204,404)	(231,318)
Special projects	(226,171)	(77,188)
Salaries and benefits	(8,171,275)	(7,650,920)
Grants – non-governmental organizations	(889,665)	(701,135)
Materials and services	(1,960,381)	(1,161,140)
Financial assistance	(3,062,477)	(3,262,929)
Building and equipment	(145,276)	(158,529)
Net (decrease) increase in cash and cash equivalents	(10,425)	307,536
Cash and cash equivalents		
Beginning of year	1,000,020	692,484
End of year	$ 989,595	$ 1,000,020

See accompanying notes to the financial statements.

Southern King's Health Authority
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Buildings	Equipment	2000 Total	1999 Total
Cost of Tangible Capital Assets					
Opening cost	$ 1,469	$ 1,348,427	$ 850,710	$ 2,200,606	$ 2,102,344
Additions	-	-	81,714	81,714	98,262
Closing cost	1,469	1,348,427	932,424	2,282,320	2,200,606
Accumulated Depreciation					
Opening balance	-	560,502	411,252	971,754	878,903
Add: depreciation	-	33,710	64,248	97,958	92,851
Closing balance	-	594,212	475,500	1,069,712	971,754
Net Carrying Amount of Tangible Capital Assets	$ 1,469	$ 754,215	$ 456,924	$ 1,212,608	$ 1,228,852

See accompanying notes to the financial statements.

1. Nature of operations

Authority
Southern King's Health Authority is a non-profit organization incorporated under the authority of the Health and Community Services Act, Part III. The corporation is exempt from income taxes under Section 149 of the Income Tax Act of Canada. Southern King's Health Authority is responsible for the management of the following core program health services:

Program/Services
- Kings County Memorial Hospital
- Child and Family Services
- Community Health Center
- Home Care and Support
- Riverview Manor
- Seniors Housing
- Job Creation/Employment Enhancement

2. Summary of significant accounting policies

Revenue recognition
The Southern King's Health Authority follows the deferral method of accounting for grants for special projects. Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Tangible capital assets
Acquired physical assets are expensed as a component of program costs in the year of acquisition. The Authority has assumed ownership of the tangible capital assets of the Kings County Memorial Hospital only. The Authority has assumed operational maintenance responsibility for the other tangible capital assets in the region. The Statement of Tangible Capital Assets (page 5) provides details of tangible capital asset additions that are owned by the Authority and were expensed in the year, the accumulated cost of tangible capital assets owned by the Authority and the unconsumed cost of these assets. Rates and basis to calculate the unconsumed cost of assets are as follows:

Buildings	2 1/2%, straight-line
Equipment	6 1/4% - 33 1/3%, straight-line

Inventory in the amount of $122,302 (1999 - $105,860) has not been reflected on the balance sheet.

Financial assistance
Financial assistance overpayments are recorded as receivable when identified with a full provision as doubtful account. Recoveries of financial assistance overpayments are credited to financial assistance expenditures when received.

2. Summary of significant accounting policies (con't)

Vacation pay and retiring allowances
Vacation pay is recorded as a liability when earned. Retirement allowances are recognized when the employee meets the eligibility criteria. Retirement allowances are funded by the Department of Health and Social Services.

Cash and cash equivalents
Cash and cash equivalents include cash on hand, balances with banks, and short term deposits with original maturities of three months or less.

Sick leave obligation
Union agreements provide for the accumulation of sick leave benefits by employees. However, there is no obligation for the Authority to settle these amounts with cash payments. Consequently, no liability has been accrued in these financial statements.

Pension costs
Employees of the Authority belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island.

The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 1997, employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at this point.

The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island and are not reflected in these financial statements.

General
These financial statements do not include the assets, liabilities and activities of the Kings County Memorial Hospital Foundation Inc. and the Kings County Memorial Hospital Auxiliaries. Separate audited financial statements are issued for each of these entities.

3. Cash	2000	1999
Restricted		
Riverview Manor - Resident Trust Fund	$ 9,694	$ 8,780
Deferred revenue (Note 6)	57,496	163,867
Deferred salary plan	31,785	16,928
	98,975	189,575
Unrestricted	890,620	810,445
	$ 989,595	$ 1,000,020

4. Receivables	2000	1999
Trade	$ 64,211	$ 59,906
Employees	302,694	285,792
Kings County Memorial Hospital Foundation Inc.	85,371	106,759
Department of Health and Social Services		
Operating grant	87,104	264,133
Retiring allowance funding	200,904	244,103
Capital grant	155,000	90,000
Other	179,931	70,853
	$ 1,075,215	$ 1,121,546

5. Payables and accruals	2000	1999
Trade	$ 1,148,250	$ 1,290,610
Deferred salary plan	31,785	16,928
Riverview Manor Resident Trust Fund	9,694	8,780
	$ 1,189,729	$ 1,316,318

6. Deferred revenue

	Balance Beginning of Year	Grants	Expenses	Balance End of Year
Choice and Opportunity Project	$ 54,116	$ -	$ 51,843	$ 2,273
Teen Mom Project	11,135	-	11,135	-
Capital Projects	70,802	65,000	92,616	43,186
Child and Family Target Project	20,000	-	20,000	-
Community Health Center	-	2,700	-	2,700
Addictions	-	50,000	40,663	9,337
Neon Project	7,814	2,100	9,914	-
	$ 163,867	$ 119,800	$ 226,171	$ 57,496

7. Revenue - Kings County Memorial Hospital

	2000	1999
General services - out patients		
Federal	$ 770	$ 1,444
Workers' Compensation Board	51,772	47,818
Non-residents	56,650	54,662
Uninsured services	8,640	7,252
General services - in patients		
Federal	22,275	10,545
Workers' Compensation Board	4,455	2,835
Non-residents	25,131	23,725
Differential charges	78,070	29,130
Other income		
Recoveries		
Dietary	34,069	30,340
Other	12,697	9,872
	$ 294,529	$ 217,623

8. Kings County Memorial Hospital Foundation Inc.

The Authority has an economic beneficial interest in the Kings County Memorial Hospital Foundation Inc. The primary purpose of the Foundation is to raise funds for the benefit of the Kings County Memorial Hospital. As the Authority does not exercise control or significant influence over the Foundation, its activities have not been consolidated within these financial statements except to the extent of actual contributions received during the year.

9. Other matters

The Authority acts as an agent for the Province of Prince Edward Island for the collection of Riverview Manor resident fees. During the year $794,152 (1999 - $811,294) was collected from residents. The fees collected reduce the funding receivable from the Department of Health. These collections are not reflected as revenue in these financial statements.

10. Uncertainty due to the Year 2000 Issue

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 2000 to represent something other than a date. Although the change in date has occurred, it is not possible to conclude that all aspects of the Year 2000 Issue that may affect the Authority, including those related to customers, suppliers, or other third parties, have been fully resolved.

11. Comparative figures

Certain of the 2000 comparative figures have been reclassified to conform with the financial statement presentation adopted for 1999.

Southern King's Health Authority
Schedule of Expenses

Year Ended March 31

	2000	1999
Child and Family Services		
Administration	$ 15,422	$ 14,473
Equipment	1,151	645
Materials, supplies, and services	3,073	2,238
Professional and contract services	11,368	10,512
Salaries and benefits	1,103,680	1,046,957
Travel and training	42,997	32,580
Financial assistance - social services	3,062,477	3,262,929
	$ 4,240,168	$ 4,370,334
Community Health Center		
Administration	$ 11,614	$ 2,637
Equipment	2,937	200
Materials and supplies	558	2,692
Salaries and benefits	691,026	666,818
Travel and training	15,023	12,916
	$ 721,158	$ 685,263
Home Care and Support		
Administration	$ 9,709	$ 10,682
Materials, supplies, and services	560	473
Professional and contract services	21,791	10,566
Salaries and benefits	749,511	688,544
Travel and training	71,108	71,066
	$ 852,679	$ 781,331
Job Creation Program - Employment Enhancement Program		
Salaries and benefits	$ 24,287	$ 28,244
Grants - wage assistance	204,404	231,318
	$ 228,691	$ 259,562

Southern King's Health Authority
Schedule of Expenses

Year Ended March 31

	2000	1999
Seniors Housing		
Central		
Administration	$ 3,869	$ 3,127
Materials and supplies	15,257	18,571
Salaries and benefits	63,962	54,294
Travel and training	6,550	5,604
Grants - home repair assistance	11,267	14,095
Properties		
Administration - property tax	50,871	50,693
Equipment	23,800	19
Materials and supplies	258,544	234,654
Professional and contract services	52,649	49,070
	$ 486,769	$ 430,127
Riverview Manor		
Administration	$ 17,815	$ 18,494
Equipment	3,613	33,866
Materials, supplies, and services	261,168	243,971
Professional and contract services	21,640	16,852
Salaries and benefits	1,944,637	1,814,385
Travel and training	3,280	3,841
	$ 2,252,153	$ 2,131,409
Kings County Memorial Hospital		
Administration	$ 93,058	$ 66,653
Building and equipment	81,714	98,262
Materials, supplies and services	648,682	580,551
Professional and contract services	30,106	25,270
Salaries and benefits	3,276,758	2,857,197
Travel and training	5,388	14,625
	$ 4,135,706	$ 3,642,558
Regional Services		
Administration	$ 19,724	$ 21,849
Equipment	32,061	25,537
Materials, supplies and services	62	1,218
Professional and contract services	72,750	71,173
Salaries and benefits	479,555	444,967
Travel and training	32,403	21,571
	$ 636,555	$ 586,315